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Bib Data Sheet

CONFIRMATION NO. 4946

SERIAL NUMBER 10/695,226	FILING DATE 10/28/2003 RULE	CLASS 455	GROUP ART UNIT 2687	ATTORNEY DOCKET NO. 074078.0122
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## APPLICANTS

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## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 01/28/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NY	3	32	7
Verified and Acknowledged	Examiner's Signature <i>S.T.</i> Initials				

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## TITLE

Amplifying diversity signals using power amplifiers

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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